

Independent Citizens Redistricting Commission
Application Review and Quality Control Sheet

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|---|----------------------------------|--|----------------------------------|
| Applicant Name: <u>Henry W Johnson</u> | | | |
| Date Received: <u>2/21/13</u> | | Applicant Number: <u>10331</u> | |
| Recommended Applicant Pool Status: | | Final Applicant Pool Status: | |
| <input checked="" type="checkbox"/> Included | <input type="checkbox"/> Removed | <input checked="" type="checkbox"/> Included | <input type="checkbox"/> Removed |

REQUIREMENTS:

1. Was the application received before the submission deadline? ☒ Yes ☐ No

If NO, list time/date application was received: _____

2. Is the application complete? ☒ Yes ☐ No

If NO, list the item(s) that need to be completed: _____

3. Indicate how the applicant responded to the following questions:

A. Student enrolled in a college/university in the City of Austin? ☐ Yes ☒ No

If YES, consider I and ii only; If NO, consider I, ii, iii, and iv:

i. Reside in the City of Austin? ☒ Yes ☐ No

ii. Registered to vote in the City of Austin? ☒ Yes ☐ No

iii. Continuously registered to vote in the City of Austin? ☒ Yes ☐ No

iv. Voted in 3 of the last 5 City of Austin general elections? ☒ Yes ☐ No

❖ **Follow-up needed related to REQUIREMENTS?** ☐ Yes ☒ No

If YES, identify issue(s) addressed and disposition: _____

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CONFLICTS OF INTEREST:

4. Did the applicant respond "Yes" to any conflict of interest questions?

If YES, indicate which question(s):

☐ Yes ☒ No

❖ **Follow-up needed related to CONFLICTS OF INTEREST?**

If YES, identify issue(s) addressed and disposition:

☐ Yes ☒ No

CONSISTENCY:

5. Are applicant answers consistent?

If NO, indicate which answer(s):

☒ Yes ☐ No

❖ **Follow-up needed related to CONSISTENCY?**

If YES, identify issue(s) addressed and disposition:

☐ Yes ☒ No

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| Application Reviewed By: <u>BL</u> | Review Date: <u>2/22/13</u> |
| Quality Control Review By: <u>JRH</u> | QC Review Date: <u>3/1/13</u> |
| Follow-up Contact(s) Reviewed By: <u>NA</u> | Date: _____ |